

# 2000 Annual Report

Mental Health, Chemical Abuse &  
Dependency Services  
Division



King County Department of Community and Human Services

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## Manager's Introduction

This annual report presents highlights of the past year: growth in the numbers of persons served for all age groups; improvements in cross system collaborations; and continued growth in housing opportunities for persons with mental illness and substance abuse. King County Executive Ron Sims joined us for the second annual Exemplary Service Awards ceremony recognizing the extraordinary contributions of individuals and programs serving the mental health and substance abuse community. We gathered our largest audience ever, more than 375 persons, at the annual Community Legislative Forum.

This report also spotlights King County's efforts to develop and implement innovative programs to reach and serve our most vulnerable populations: children, ethnic minorities, persons with dual diagnosis, homeless individuals, youth involved in or at risk of involvement in the juvenile justice system, and mentally ill offenders. In many of these areas King County became the "stop on the map" for national and even international delegations who came to tour and learn more about our systems of care. The accomplishments described in this report represent community effort and community achievement.

We are pleased and proud to share these successes with the clients, family members, advocates, service providers, board members, housing developers, law enforcement, courts, and many others who joined with us to develop and successfully implement these programs to serve adults and children with mental health and/or substance abuse needs.

Thank you all.

Jackie MacLean  
Acting Manager

## WHO WE SERVED IN 2000

### MENTAL HEALTH SERVICES

The King County Regional Support Network (RSN) provides mental health services for Medicaid-enrolled persons, and to the extent resources allow, for non-Medicaid persons. A total of 30,653 individuals received publicly funded mental health services in 2000, an increase of 6.5% in the total number of unduplicated clients served in 1999. The monthly average number of persons served was 19,398.

#### **MENTAL HEALTH CLIENTS SERVED IN 2000**

Children	9,342
Adults	17,415
Older Adults	3,896
<b>TOTAL</b>	<b>30,653</b>

#### **MENTAL HEALTH CLIENTS BY ETHNICITY**

Caucasian	65%
African American	14%
Asian American	6%
Native American	2%
Hispanic	7%
Mixed/Other	4%
Unknown/Other	2%
<b>TOTAL</b>	<b>100%</b>

#### **MENTAL HEALTH CLIENTS BY PRIMARY AND SECONDARY DIAGNOSIS**

	<b>Primary</b>	<b>Secondary*</b>
Depression	33.6%	4.3%
Bipolar	15.5%	0.9%
Schizophrenia	13.2%	0.4%
Anxiety	9.2%	9.3%
Schizoaffective Disorder	7.9%	0.3%
Adjustment Disorder	5.4%	1.8%
Dementia	4.9%	1.7%
Psychotic Disorder other than Schizophrenia	4.3%	0.6%
Substance Abuse	0.0%**	18.3%
Other	5.6%	29.5%
Missing	4.0%	51.9% (had no secondary diagnosis)

\* NOTE: Clients may fall into more than one secondary diagnosis category, so that the sum is over 100%. Also, the number of acceptable secondary diagnoses is greater than that for primary diagnoses, so that a larger number fall under "other."

\*\*NOTE: Substance Abuse-related diagnoses are not acceptable as primary diagnoses, but are permissible as a secondary diagnosis.

### CHEMICAL ABUSE AND DEPENDENCY SERVICES

<b>PERSONS SERVED IN 2000</b>	<b>NUMBER</b>	<b>PERCENTAGE</b>
Children	2,207	18.7%
Adults	9,616	81.3%
<b>TOTAL</b>	<b>11,823</b>	<b>100.0%</b>

### SUBSTANCE ABUSE CLIENTS SERVED IN 2000, BY ETHNICITY

White, Caucasian	61%
Black, African American	22%
Native American/Eskimo/Alaskan/Aleut	7%
Asian American/Asian-Pacific Islander	4%
Spanish/Hispanic	6%

### SUBSTANCE ABUSE CLIENTS BY PRIMARY AND SECONDARY DRUG USED

	Primary	Secondary
Alcohol	2,696	1,699
Cocaine	676	1,539
Heroin	1,573	168
Marijuana	1,199	1,091
Methamphetamines	294	156
Tobacco Products	0	849

## ADMINISTRATION

Mental Health, Chemical Abuse and Dependency Service Division (MHCADSD) is a division of the King County Department of Community and Human Services. MHCADSD serves as the policy and planning administrator for both the publicly funded mental health and publicly funded substance abuse treatment systems in King County.

The majority of mental health treatment services are provided by community mental health centers under contract to United Behavioral Health (UBH), the County's managed care partner for the past five years.

A network of substance abuse treatment providers under contract to MHCADSD provides outpatient and residential services. In addition, MHCADSD manages the operations of the King County Assessment Center, the Cedar Hills Addiction Treatment Facility, Emergency Services Patrol, and Involuntary Chemical Dependency Commitment.

The total combined budget for the Mental Health, Chemical Abuse and Dependency Services Division for was \$101,456,706, received and distributed as shown below.

### 2000 KING COUNTY MHCADSD DISTRIBUTION OF DOLLARS

Revenue	Mental Health	Substance Abuse
Prepaid Health Plan Funds	\$56,487,210	n/a
Federal Grants	\$ 2,338,419	\$ 5,676,230
State Grants	\$18,961,077	\$ 9,183,326
Local Government	\$ 4,017,945	\$ 1,816,832
Current Expense	\$ 386,291	\$ 1,369,874
Miscellaneous	\$ -	\$ 75,606
<b>Total</b>	<b>\$82,190,942</b>	<b>\$18,121,868</b>
<b>Expenditures</b>		
Administration	\$ 3,198,573	\$ 1,834,737
Residential Facility	\$ -	\$ 3,396,365
Residential & Crisis Services	\$ 15,416,751	n/a
Treatment	\$ 64,366,774	\$ 11,078,848
Prevention Activities*	\$ -	\$ 2,164,658
<b>Total</b>	<b>\$ 82,982,098**</b>	<b>\$ 18,474,608</b>

\*Prevention activities are provided through the Public Health Department.

\*\*MH expenditures in excess of revenue were supported by fund balance.

## **INNOVATIONS**

In 2000, King County MHCADSD continued its cross system collaborations in many areas of system development and service planning. The ongoing goal was to increase access and improve the quality of care for individuals in need of mental health and/or substance abuse treatment services.

### **ALCOHOL IMPACT AREA**

MHCADSD dedicated considerable effort to work with the City of Seattle and the Chronic Public Inebriate Task Force in moving forward a Seattle ordinance approved last fall that established an Alcohol Impact Area (AIA) in the greater Pioneer Square neighborhood. The creation of an AIA focused attention on the problems of chronic public inebriety, and service responses were dedicated in the AIA as a result.

### **INTEGRATED MENTAL HEALTH SERVICES CONTRACT**

On June 14, 2000, King County Executive Ron Sims announced the selection of United Behavioral Health (UBH) to manage the integration of outpatient, inpatient, crisis and residential mental health services for King County beginning in 2001. A technical evaluation board selected UBH, following a Request for Proposal process. UBH entered into a risk-based contract with King County to coordinate treatment services for children, adults, and older adults with mental illness. While UBH will assume management responsibility for the mental health treatment system, King County will retain responsibility for system oversight and direction, monitoring the performance of UBH, and system evaluation. Implementation planning is underway for a 2001 start.

### **MENTAL HEALTH RECOVERY ORDINANCE PASSES COUNTY COUNCIL**

The King County Council approved the mental health ordinance on recovery (#2000-02941) sponsored by Councilmember Kent Pullen on October 16, 2000. The ordinance supports the MHCADSD system direction and emphasis on recovery for clients.

### **GOOD NEIGHBOR AGREEMENTS**

Working partnerships between community interests and participating alcohol licensees have resulted in the promotion of "Good Neighbor Agreements" (GNAs) in areas impacted by chronic public inebriates. GNAs are voluntary neighborhood agreements that reduce the supply of low cost/high alcohol content products to chronic public inebriates, with the impact of these agreements on the community being evaluated for the formulation of public policy in relation to alcohol availability in impacted areas.

## **PARTNERS AND OPPORTUNITIES**

In 2000, King County continued to draw national and international interest for our mentally ill offender continuum of care programs.

### **KING COUNTY DISTRICT MENTAL HEALTH COURT**

The King County District Mental Health Court celebrated its first full calendar year of operation in 2000. This special-focused court seeks to improve services to mentally ill misdemeanor offenders and improve public safety for the community by providing the needed coordination between the mental health treatment system and the criminal justice system. The Mental Health Court served a total 386 mental health clients in 2000.

### **MENTAL HEALTH COURT – SEATTLE MUNICIPAL COURT**

Like the King County District Mental Health Court, the Seattle Municipal Mental Health Court is a special-focused court. The Seattle Municipal Mental Health Court served 588 clients in 2000.

## **MENTALLY ILL OFFENDER COMMUNITY TRANSITION PROGRAM COMPLETES ITS FIRST TWO YEARS**

In 1997, the Washington State Legislature authorized a five year pilot program to “provide for post-release mental health care and housing for a select group of mentally ill offenders entering community living, in order to reduce incarceration costs, increase public safety, and enhance the offender’s quality of life.”

The pilot provides services for up to 25 mentally ill offenders at a time and has been in operation for just over two years. During 2000, the program’s ability to successfully serve program enrollees was enhanced by introducing the following innovations:

- participation in cross-system treatment planning, problem solving, and resource identification work groups;
- access to sexual offender treatment;
- designated employment specialists; and
- as a result of discovering that nearly 90 percent of program participants have co-occurring disorders of mental illness and substance abuse, fully integrated mental health and chemical dependency treatment.

The remaining three years of this pilot will continue to work to meet the legislative objectives “to reduce incarceration costs, increase public safety, and enhance the offender’s quality of life.”

## **DANGEROUS MENTALLY ILL OFFENDER (DMIO) PROJECT**

The Washington State Legislature passed SSB 5011 in 1999 to establish procedures for planning and implementing integrated community-based services for felony offenders who have completed their sentence, are described as dangerous to themselves or others, have a mental illness, and may have co-occurring disorders (e.g. chemical dependency, developmental disability). The Department of Corrections (DOC) estimates that 125 individuals meeting these criteria are released to the community every year. Fourteen individuals were referred to King County during the year 2000. While the Mentally Ill Offender-Community Transition Project is a pilot program sited in King County, the DMIO is a statewide project.

## **"REAL TIME NOTIFICATION SYSTEM" FOR MUNICIPAL COURT IMPLEMENTED**

Working closely with the King County jail and the Seattle Municipal Court (SMC), MHCADSD implemented a new "Real Time Notification System" for mentally ill defendants booked into the King County Jail. A data list is run every morning, comparing those booked into jail with those enrolled in the mental health system anywhere in King County. Jail staff assisting the Mental Health Courts are able to use this list to immediately contact a defendant's mental health case manager, letting him/her know that the defendant is in custody. The early identification of booked defendants with mental health issues allows for a smoother connection to treatment options and more often makes possible the participation of the case manager in the defendant's first court hearing.

## **ENHANCED DETOXIFICATION (DETOX) SERVICES A SUCCESS**

MHCADSD continued to focus considerable attention on the integration of mental health and substance abuse services in 2000. One of the best examples of that work was the effort to improve mental health services at the detox center. Beginning in January 2000, MHCADSD provided funding for a 1.5 FTE dually certified Chemical Dependency Counselor / Mental Health Professional to provide assessment, counseling, and case management for clients with both mental health and chemical dependency issues, and cross training for detox staff to enhance their knowledge and skills in providing services to this population.

In the first six months of the program, there were 71 total admissions to the mental health bed representing 62 individuals. In addition, staff provided services for many additional individuals at detox - persons who were not admitted via the "mental health bed," yet were identified as having

mental health problems. Approximately 180 additional people received mental health services from project staff.

Staff has noted the value of being able to track people over time via repeat admissions to the CTU and subsequent readmission to detox. The result has been greater success in connecting these clients to inpatient chemical dependency treatment on the subsequent admission.

This project is considered an alternative to inpatient psychiatric hospitalization. In addition to the accomplishments noted above, the Detox Enhancement represents significant savings to the system. Based on the average bed day costs and average hospital stays for the target population, an estimate \$102,044 was saved in 2000 by the Detox Enhancement project.

### **CRISIS TRIAGE UNIT**

The Crisis Triage Unit at Harborview Medical Center is a pilot King County program designed to help people who need the services of mental health professionals, substance abuse specialists, and professionals trained to treat developmental disabilities. The program provides a single entry point or "no wrong door" into multiple treatment systems. There is an array of "back door" services to facilitate the transition from the CTU to community-based care as well.

In its second year, the CTU processed a total of 7,550 admits, averaging about 629 admissions each month (a 15% increase over the previous year). 29% of referrals came from law enforcement.

### **HOMELESS OUTREACH, STABILIZATION AND TRANSITION SERVICES**

The Homeless Outreach, Stabilization and Transition (HOST) Project was developed in 1999 to provide homeless mentally ill adults throughout King County with outreach and engagement services, intensive case management and transition to appropriate resources in the community. Services are provided through a multi-disciplinary team that includes a psychiatrist, nurse, outreach and engagement workers and intensive case management/stabilization case managers. There are two components to the project, an Outreach and Engagement Service and an Intensive Case Management Program. A broad range of services is provided, as are a full range of intensive community support and treatment for individuals who enter the Intensive Case Management Program.

During the year 2000, the HOST Outreach and Engagement Service served 373 individuals. 146 clients received services in the Intensive Case Management Program. HOST transitioned 55 clients to ongoing services, including the PHP and other mental health agencies/practitioners and assisted 81 clients in moving from homelessness to housing.

### **\$1.5 MILLION FEDERAL GRANT TO PROVIDE MULTI-CULTURAL SUBSTANCE ABUSE SERVICES FOR YOUTH**

MHCADSD received a \$1.5 million Substance Abuse and Mental Health Services Administration (SAMHSA) grant to provide case management services and special recreational and life skills opportunities for youth receiving substance abuse treatment at five King County special population provider agencies. The successful grant proposal was prepared by MHCADSD, in collaboration with youth substance abuse providers Consejo Counseling and Referral Service, Stonewall Recovery, Central Area Youth and Family Services, United Indians of All Tribes, and Washington Asian and Pacific Islander Families Against Substance Abuse. In addition to enhancements to outpatient treatment services, the grant will fund a quarterly gathering for youth involved in the project from all five agencies to focus together on multicultural activities, relapse prevention services, and leadership activities. Services will begin in 2001.

### **CHILDREN AND FAMILIES IN COMMON**

Children & Families in Common (CFIC) completed the second year of its originally awarded five-year grant. This grant helps to bring together the child serving systems, juvenile justice, mental health, substance abuse, schools, child welfare, and public health to work more collaboratively with



one another and to provide family centered care. The grant is also funding a service project for at risk youth.

## **REPORTS AND REVIEWS**

### **EPIDEMIOLOGICAL PROFILE ON JAIL UTILIZATION/INPATIENT HOSPITALIZATION COMPLETED**

MHCADSD published the *Public Mental Health Clients' Utilization of Jail and Inpatient Psychiatric Hospital Services: King County Epidemiologic Profile for Mental Health, Phase III*. The report compiled information on the number of mental health clients incarcerated in 1997, the number of mental health clients who were hospitalized as psychiatric inpatients, and what clinical or other factors were most associated with client incarceration and/or inpatient hospitalization. The study found that for all age groups, except young children, inpatient hospitalization and incarceration are strongly associated. Clients who were hospitalized were more likely to have been incarcerated, and vice versa. The study also found that two major client specific variables—substance abuse and homelessness—might account for increased use of jail and inpatient facilities. Increased attention to prevention in these areas may help to reduce hospitalization and/or incarceration rates.

### **STATE DSHS CONCLUDES ANNUAL SITE REVIEW; PRAISES KING COUNTY RSN/PHP CROSS-SYSTEM COLLABORATIONS**

DSHS/Mental Health Division completed their annual comprehensive Integrated Review of the King County Regional Support Network (RSN) in January and February 2000. The State reviewers gave particularly high praise to King County's cross system collaborations. Two separate review teams looked at clinical and administrative aspects. The clinical reviews were conducted at pre-selected provider agencies, and involved United Behavioral Health to gain an understanding of the inpatient authorization and outpatient monitoring processes, and Mental Health Court case reviews, including a visit at District Court. The key overarching themes of the review this year were 1) Consumer Voice; 2) Cross System Collaboration; and 3) Quality Management. Standards for the review are established in the DSHS contract and the Health Care Finance Administration (HCFA) Waiver.

### **CEDAR HILLS ADDICTION TREATMENT FACILITY IMPROVEMENTS RECEIVE CONGRATULATIONS**

The state Department of Health (DOH) conducted an audit of Cedar Hills (CHAT) and a disappointing report was published in March 2000. The Department of Community and Human Services reached an agreement with DOH to correct deficiencies and to hire a consultant to do regular audits of CHAT and report back to DOH on progress made in correcting deficiencies. DCHS has since worked with the departments of Public Health, Construction and Facilities Management, and Budget to make substantial improvements in the facilities and grounds of Cedar Hills, the policies and procedures, and the clinical and medical programs. In addition, an interdepartmental quality monitoring and improvement program has been implemented. Audits conducted in late 2000 by the consultants and by DOH found significant improvements in all areas of the Cedar Hills program, and congratulated staff for the impressive work accomplished since the initial report was issued.

## **CLIENT SERVICES AND SUPPORTS**

### **CRISIS AND COMMITMENT SERVICES**

Crisis response services are available to residents of King County 24 hours per day, 365 days of the year, regardless of income, insurance coverage, or ability to pay. A 24-hour mental health telephone crisis service is provided by the Crisis Clinic, staffed by clinicians and trained volunteers. In 2000, the Crisis Clinic fielded 83,266 calls for mental health related assistance or referral to care. The Alcohol and Drug Helpline provides 24-hour assistance to callers with substance abuse-related needs. The Helpline responded to 10,267 calls in 2000.



Crisis outreach services are available 24-hours per day for citizens of King County who are in crisis and for whom a mental disorder cannot be ruled out. Persons enrolled in the mental health system are served by their outpatient mental health service provider. County Designated Mental Health Professionals (CDMHPs) provide crisis outreach services for non-enrolled adults and children over the age of 13. They conduct face-to-face evaluations and investigations to determine the necessity for involuntary detention to psychiatric facilities under the Washington State Involuntary Treatment Act. In 2000, CDMHPs conducted a total of 4,988 face-to-face evaluations, including 2,044 crisis outreach visits.

Persons who are incapacitated by alcohol and/or other drug use may be civilly committed under the Washington State Alcoholism, Intoxication and Drug Addiction Act. In King County, Chemical Dependency Involuntary Treatment Services (CDITS) are provided by the Mental Health, Chemical Abuse and Dependency Services Division. The primary task of CDITS staff is to investigate and evaluate alleged facts and information, which may lead to the client's civil commitment for chemical dependency treatment. Civil commitment is considered the last resort when all else has failed. CDITS is not a crisis service.

In 2000, CDITS conducted 285 screenings of persons in King County. This represents an increase of 123 screenings (a 75% increase) over 1999. In 2000, 123 persons were provided treatment as a result of chemical dependency civil commitment, compared to 39 (a 315% increase) in 1999.

#### **HOUSING OPPORTUNITIES CONTINUE TO INCREASE**

King County mental health agencies, in cooperation with nonprofit developers, continued to increase housing opportunities for persons with mental illness living in King County, according to the housing inventory report released by MHCADSD on July 20, 2000. Housing resources for 250 people were added to the system since the last inventory three years ago.

The inventory shows that the King County Regional Support Network has the current capacity to provide safe and affordable housing to 2,030 consumers. This represents an increase of 204% or 1,362 units since the RSN was established ten years ago.

The chemical dependency system added a total of 70 new units of clean and sober housing in the year 2000, bringing the total number of available units in King County to 910. This is an increase of 8% over 1999.

#### **CHEMICAL DEPENDENCY SERVICES**

Persons in need of treatment for chemical abuse or dependency may access a wide range of services through MHCADSD staff or contracted agencies including: assessment of treatment need; sobering services; detoxification; outreach, outpatient and residential services; outpatient opiate substitution treatment; and employment assistance. A network of 16 adult serving agencies and 16 youth serving agencies provide outpatient treatment services. A total of 235,605 treatment service hours were provided to clients in King County in 2000, nearly 10,000 more than in 1999.

The Dutch Shisler Sobering Support and Services Center handled 20,134 Sobering Center visits during 2000. The Emergency Service Patrol vans, which transport public inebriates to sobering facilities, received 22,394 calls that resulted in the pick-up of 18,808 persons in 2000.

The Cedar Hills Addiction Treatment Facility, an inpatient facility operated by MHCADSD, admitted 1,001 persons in 1,254 admission episodes, and conducted 1,249 discharges. 79 percent of persons admitted completed treatment.

#### **COMMUNITY SUPPORT SERVICES – MENTAL HEALTH**

Community mental health providers offer a full range of outpatient services for children, adults, and older adults with mental illness. In 2000, a total of 963,725 hours of services were provided to clients, an increase of 3% over 1999. These services included crisis and stabilization, intake and

evaluation, individual and family treatment, group treatment, day treatment and drop-in clubhouse, and medication management.

### **OMBUDS SERVICES**

The Mental Health Ombuds Service of King County serves as an independent resource for mental health clients and family members by offering peer counseling and assistance with resolving complaints, grievances, and State Fair Hearings. In 2000, the Ombuds Service responded to a total of 744 calls. Of these, 331 were requests for information and referral, 218 voiced complaints or concerns, and 195 requested miscellaneous information. A total of 72 new complaints were filed in 2000. Of these, 66 had been resolved by year's end and the remainder were still pending, were withdrawn, or were unavailable for follow-up. 48 complaints were successfully resolved at the line staff level or at supervisory or administrative levels.

In 2000, the number of complaints received by UBH increased slightly, from 120 to 158. The annual demographic data is similar to previous years. Client Services received more calls from families in previous years. African American and Hispanic callers reached parity in their representation in enrolled PHP clients. As in previous years, callers who identified as Asian and Pacific Islander were few.

### **QUALITY REVIEW TEAM**

The Quality Review Team (QRT) was established to ensure a client voice in the development of policies and services for the publicly funded mental health system. Their role is to seek input from clients on system strengths and weaknesses. In 2000, the QRT conducted a Client Satisfaction Survey, the third such survey completed for the Prepaid Health Plan since it was established in 1995. The survey assessed the levels of mental health clients' satisfaction with the services provided through the County's PHP and also identify areas where improvements may be needed. The QRT also conducted a Client-Case Manager Study and a Client Satisfaction Survey. The results of both of these will be available in early 2001.

## **EXEMPLARY SERVICE AWARDS**

Well over 100 members of the community attended the second annual *Exemplary Service Awards* celebration on September 28, 2000 at the Urban Horticultural Center in Seattle. King County Executive Ron Sims opened the event, sharing his thoughts on community service, the benefits of cross system collaborations, and the strengths of the mental health and substance abuse service community. The event also served to kickoff King County's observance of *Mental Illness Awareness Week*, proclaimed by the Executive as October 1-7, 2000. The honorees chosen for 2000 were:

- **Advocacy: Craig Rennebohm, Mental Health Chaplaincy**  
Craig Rennebohm is the Director of the Mental Health Chaplaincy, a small organization in Seattle that has, for more than fifteen years, worked to identify and meet the needs of homeless persons with severe mental illness.
- **Direct Service: Roberto Terrones, Consejo Counseling & Referral Service**  
Roberto Terrones works with at-risk Latino youth enrolled in Consejo's Substance Abuse Outpatient Adolescent Treatment Program.
- **Service Innovation: TEEN LINK, Crisis Clinic**  
TEEN LINK provides an anonymous and non-judgmental telephone helpline answered by teen volunteers, providing youth with a confidential, safe place to vent anger, express fears and anxieties, and seek comfort and support. TEEN LINK provides a consistent outreach and education program for teens on how to find help for emotional and personal problems, mental health issues, substance abuse issues, and suicide prevention.

- **Systems Integration:**      **Mentally Ill Offender Community Transition Program, Seattle Mental Health**

The Mentally Ill Offender Community Transition Program (MIOCTP) was created to support offenders with severe mental illness to make a successful transition from the State prison system to the community. A pilot project, the program serves 25 offenders at any one time.

## **REMEMBERING THE PASSAGES**

**Joanne Asaba** — Joanne worked for the County for over eleven years, and was Manager of the Division for over five. Although she died in April 2001, Joanne provided outstanding leadership to and management of all programs and services outlined in this 2000 report. She is greatly missed by numerous colleagues throughout the county and state.

**Dutch Shisler** — We said goodbye to Dutch Shisler, co-worker, mentor and friend, who died in October 2000. He was a unique and extraordinary man who embodied the very spirit of "human" service. No one gave of himself to others more genuinely or honestly than Dutch. He is certainly missed.

## **VOLUNTEER BOARDS**

### **KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD**

#### **KING COUNTY MENTAL HEALTH ADVISORY BOARD/QUALITY COUNCIL**

King County is fortunate to have two volunteer citizen boards working to advise MHCADSD and the mental health and substance abuse service systems: the King County Alcoholism and Substance Abuse Administrative Board; and the King County Mental Health Advisory Board, including its subcommittee, the Quality Council. The dedicated individuals who volunteer to serve on these boards meet monthly to study issues and areas of concern, provide information and guidance to King County and to the community, and to advocate with the State Legislature and other elected officials. The Boards meet jointly twice a year to share information.

### **KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD ACCOMPLISHMENTS IN 2000**

The King County Alcoholism and Substance Abuse Administrative Board in 2000 developed the 2001-2003 Needs Assessment; and developed a Biennial Planning Process, which include three separate public meetings and various focus groups.

### **MENTAL HEALTH BOARD ACCOMPLISHMENTS IN 2000**

In December, the King County Mental Health Board officially transmitted to MHCADSD the Case Manager Turnover Study report. The Quality Council, a subcommittee of the Board, conducted the study. It found that the areas of most concern to case managers were salary/benefits, job stress, the frequency of system change, caseload size, the ability to provide appropriate care, paperwork, and the lack of administrative support. The areas of most satisfaction were the clients served, the sense of collegiality, and the sense of personal fulfillment. The Board recommended that MHCADSD further investigate and develop action strategies around eleven specific areas of concern.

### **MENTAL HEALTH & SUBSTANCE ABUSE COMMUNITY LEGISLATIVE FORUM**

On November 28, 2000, a capacity audience of 375 people heard King County Executive Ron Sims and members of the community speak to the legislative issues for mental health and substance abuse in 2001. This was the second combined forum and a great success. Members of the King County delegation to the State Legislature attended. The annual event was co-sponsored by the King County Alcoholism and Substance Abuse Administrative Board, the King County Mental

Health Board, the Washington Advocates for the Mentally Ill (WAMI) , and the Washington State Federation of Families for Children's Mental Health.

#### **MENTAL HEALTH/SUBSTANCE ABUSE CITIZEN LOBBY DAY HELD IN OLYMPIA**

More than 70 individuals traveled to Olympia on February 3, 2000 to learn more about issues related to mental health, substance abuse, and children's services. The event was co-sponsored by the Washington Advocates for the Mentally Ill (WAMI), the Mental Health Association of Washington State, the Federation of Families for Children's Mental Health, the King County Mental Health Advisory Board, and the King County Alcoholism and Substance Abuse Administrative Board. Participants heard presentations on several legislative issues, staged a rally on the Capitol steps, and met individually with their legislators.

#### **WE THANK THE KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD MEMBERS FOR 2000**

James M. Harbaugh (Chair), Joan Clement, Nancy Code, Vicki James, Joyce Proudlock, Robert Seidensticker, Yasmin M. Smith, Thomas S. Wampold, and Keith Williams.

#### **WE THANK THE MEMBERS OF THE KING COUNTY MENTAL HEALTH ADVISORY BOARD FOR 2000**

Willair St.Vil (chair), Jack Fuller, Katherine Halliburton, Sean Hoffman, Alice Howell, Howard Miller, Freda Monroe, Clifford Thurston, and special thanks to Anthony Collis, who completed six years of volunteer service to the Mental Health Advisory Board.

#### **NEXT STEPS**

This year's report highlights the Division's continued progress toward integrated services for people experiencing mental illness, substance abuse or dependency, or both. It focuses on tending to the needs of the people we are responsible to serve. As we face new and continuing challenges, we are committed to creating opportunities for even better administration of services and programs to provide a system that promotes stability and recovery for all individuals experiencing short-term or chronic mental health or addiction and abuse conditions.

***Communication materials, including this report, can be made available in alternate formats upon request. Please call the MHCADSD offices between 8:30 – 4:30, Monday through Friday: (206) 296-5213 or TDD (206) 205-5458.***



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